Attitude on Breast Self-examination among Rural dwelling Women at Trichy

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ABSTRACT

Background of the study: 90% of breast cancer cases are discovered by the women themselves, emphasizing the need for Breast Self-Examination. This study aimed to assess attitude on Breast Self-Examination among women.

Materials and Methods: This community based, Cross-sectional study was carried out among total sample of 90 women in rural area of Trichy. The participants were interviewed using structured interview-administered questionnaire to obtain Socio demographic variables and attitude on BSE. Analysis of data was done using inferential and descriptive statistical methods.

Results: Among 90 women most of them under age of 20-30 years 29(33%), 26(29%) were no formal education, 36(40%) were House wife, and 43(48%) were below one year duration of breast feeding. The results showed that 60(67%) of them were having favorable Attitude and 30(33%) were having moderately favorable Attitude.

Conclusion: The present study revealed that majority of the women having a favorable attitude towards Breast self-examination.

Keywords: Assess; Attitude; Breast Self-Examination; Women; Rural Dwelling; Breast Cancer; Prevention.

1. Introduction

As time goes on, non-communicable diseases are becoming more and more common worldwide. Over the next few decades, cancer is expected to become a more significant source of illness and mortality [1].

Cancer that starts in the breast tissue is known as breast cancer. It happens when the breast cells change and proliferate uncontrollably. Normally, a tumor is formed by the cells. In certain instances, the cancer might not expand further [2].

Breast cancer ranks second, globally in terms of new cancer cases, and it is the leading cause of cancer-related deaths among women in both developed and developing nations. It was estimated that the total number of new cases accounted for 25% of all cancer cases worldwide. The number of new cases of breast cancer increased from 2008 to 2012. Mortality has increased by 14% while incidence has climbed by 20%. As the most common cause of cancer-related death among women, breast cancer ranks as the sixth most significant cause of cancer-related mortality [3].

Mammograms, breast clinical examinations, and breast self-examinations (BSE) are all part of secondary prevention, which has been shown to be the most successful method for preventing breast cancer. In developing countries, most women cannot afford to get mammograms, and most cannot get one for every high-risk woman she knows [4]. A woman examines her breasts and related structures for changes that might indicate an abnormal process, as a part of breast self-examination or BSE. The American Cancer Society (ACS) lists it as one of the three tests that can be used to identify breast cancer in its early stages [5].

The severity of the disease will be minimized by early detection of breast cancer symptoms by BSE, which enables proper therapy to begin early [6].

Healthcare professionals still advocate BSE because it is easy to learn, inexpensive, and requires little technology. It can also be taught [7].

1.1. Need for the Study

In the course of their lives, one in eight American women might get a diagnosis of breast cancer with an age adjusted prevalence of up to 24 cases per lakh women and a death rate of 12 cases per lakh women, breast cancer is the most common malignancy among Indian women. Chennai has the highest rate of breast cancer incidence in the nation, with 40.6 cases per 100,000 women [8].

Most breast cancers detected through early screening are in an early stage. The initial stages of breast cancer are more likely to be effectively treated, require less treatment, and are typically easier to treat. BSE is regarding as a rapid, easy, low-cost, non-invasive, and risk-free intervention. This could be a good way to detect breast cancer early and make improved screening methods more accessible. However, accurate and comprehensive BSE technique must be guaranteed, and where necessary, timely access to sufficient medical care should be provided [9].

1.2. Problem Statement

Attitude on Breast Self-examination among Rural dwelling Women at Trichy.

1.3. Objective

Assess the Attitude on breast self-examination among Rural dwelling Women at Trichy.

1.4. Operational Definition

1.4.1. Assess

To assess the individual's Attitude towards breast self-examination.

1.4.2. Attitude

It refers to feelings and opinion of the women regarding breast self-examination.

1.4.3. Breast Self-Examination

Breast self-examination is a screening technique used to try and find breast cancer early. During the procedure, the woman touches and analyzes each breast for any possible enlargement, abnormalities, or malignancies.

2. Materials and Methods

2.1. Research Approach

Quantitative.

2.2. Design of the Study

Descriptive.

2.3. Setting of the study

Selected village at Trichy.

2.4. Sample

Women who met the inclusion criteria and were between the ages of 20-60.

2.5. Sample size

90 Samples.

2.6. Sampling Technique

Non-probability Purposive Sampling.

2.7. Inclusion criteria

- Women aged 20-60 Years.

- Who are all present during data collection.

- Who are all residing at the selected village at during study time.

2.8. Exclusion criteria

- Who have underwent Breast surgery.

- Women have previous knowledge on Breast self-examination.

2.9. Tools

2.9.1. Part-1

Background Variables comprised age, education, occupation, marital status, number of children, age at menarche, marital status, duration of breast feeding, and family history of breast cancer.

2.9.2. Part-2

Self-Structured Likert Scale Questionnaire to Assess the Attitude

The attitude toward breast self-examination among women in the 20-60 age range was evaluated using a 5-point Likert scale. It consists of 15 questions. The tools were categorized as Favorable Attitude (score 51-75), Moderately Favorable Attitude (score 26-50), and Unfavorable Attitude (score 0-25).

2.10. Data Collection Procedure

The study was conducted in rural areas, and the head of the community area gave formal approval before the study began. Using the non-probability purposive sampling technique, 90samples were chosen with their oral consent after authorization.

A systematic interview questionnaire on attitudes toward breast self-examination was used to gather the results.

2.11. Data Analysis

The data were analyzed using both descriptive and inferential statistics.

▨ 3. Results and Discussion

Table 1. Frequency and percentage distribution of women according to their Background variables (N=90)

S.No.	Background variables	Frequency	Percentage
1	**Age**		
1.1	20-30 years	29	33%
1.2	31-40 years	20	22%
1.3	41-50 years	21	23%
1.4	51-60 years	20	22%
2	**Educational qualification**		
2.1	No formal education	26	29%
2.2	Primary education	14	16%
2.3	Secondary education	23	25%
2.4	Undergraduate	20	22%
2.5	Postgraduate	7	8%
3	**Occupation**		
3.1	Unskilled labour	12	13%
3.2	Government	4	4%
3.3	Professional	6	7%
3.4	Retired	0	0%
3.5	Private	22	25%
3.6	Own Business	10	11%
3.7	House wife	36	40%
4	**Structure of family**		
4.1	Joint family	33	37%
4.2	Nuclear family	57	63%
5	**Age of menarche**		
5.1	10-12 years	21	23%
5.2	12-15 years	61	68%
5.3	Above 15 years	8	9%

6	Marital status		
6.1	Married	74	82%
6.2	Unmarried	16	18%
7	Number of children		
7.1	1 Child	26	29%
7.2	2 & Above children	45	50%
7.3	Not applicable (unmarried)	19	21%
8	Duration of breastfeeding		
8.1	1 year	43	48%
8.2	Above 1 year	24	27%
8.3	Not applicable (No child, Unmarried)	23	25%
9	Family history of breast cancer		
9.1	Yes	0	0%
9.2	No	90	100%

Table 1 represents the frequency and distribution of women according to their Background variables. The present study revealed that most of them are belongs to (33%), 20-30 years of age. In education, 26(29%) of the people have no formal education. 36(40%) of the women were housewives; 57(63%) of them belong to nuclear families; and 61(68%) of the women attain menarche at the age of 12-15 years. 74(82% of the women) married, and 45(50%) of the women had two or more children. 43(48%) Duration of breastfeeding, 90(100%) of them had no family history of breast cancer.
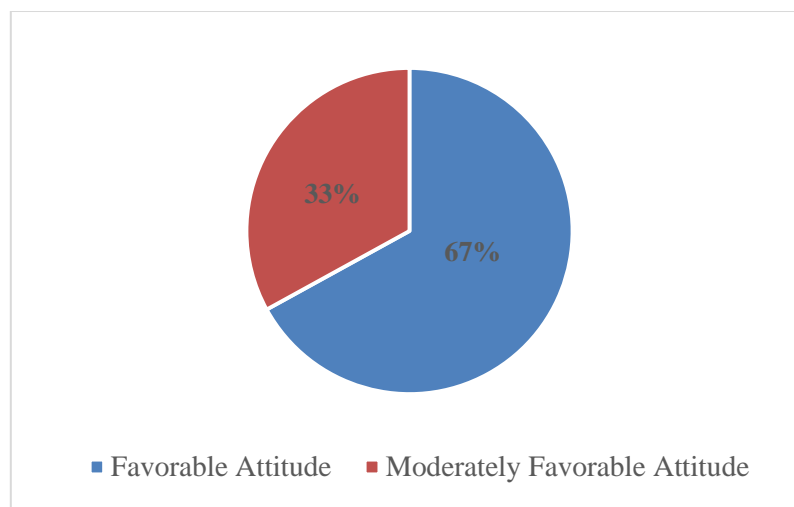

Figure 1. Attitude regarding Breast Self –Examination

Figure 1 reveled that most of them had a favourable attitude (67%) and 30 (33%) were moderately favourable

attitudes.

Table 2. Relationship between attitudes regarding breast self-examination among women and their selected Background variables (N=90)

S.No.	Background variables	Favorable attitude	Moderately favorable attitude	Unfavorable attitude	Chi square (X^2)	P value
1	**Age**					
	20-30 years	21	8	0	**0.29**	**12.59 (NS)**
	30-40 years	11	9	0		
	40-50 years	16	5	0		
	50-60 years	12	8	0		
2	**Educational qualification**					
	No formal education	13	13	0	**0.72**	**15.51 (NS)**
	Primary education	11	3	0		
	Secondary education	17	6	0		
	Undergraduate	15	5	0		
	Postgraduate	4	3	0		
3	**Occupation**					
	Unskilled labor	8	4	0	**3.42**	**21.03 (NS)**
	Government	3	1	0		
	Professional	6	0	0		
	Retired	0	0	0		
	Private	15	7	0		
	Own Business	9	1	0		
	House wife	19	17	0		
4	**Structure of family**					
	Joint family	22	11	0	**0**	**5.99 (NS)**
	Nuclear family	38	19	0		
5	**Age of menarche**					
	10-12 years	14	7	0	**0.294**	**9.49 (NS)**
	12-15 years	42	19	0		
	Above 15 years	4	4	0		
6	**Marital status**					
	Married	49	25	0	**1.162**	**7.82 (NS)**
	Unmarried	11	5	0		

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7	Number of children					
	1 Child	17	9	0	0.21	9.49 (NS)
	2 & Above children	28	17	0		
	Not applicable (No child, unmarried)	15	4	0		
8	Duration of breastfeeding 1 year	28	15	0	0.27	9.49 (NS)
	Above 1 year	14	10	0		
	Not applicable (No child, unmarried)	18	5	0		
9	Family history of breast cancer Yes	0	60	0	0	5.99 (NS)
	No	0	30	0		

Table 2 depicts the relationship between attitudes regarding breast self-examination among women and their selected background variables.

4. Discussion

The present study estimated the attitudes regarding breast self-examination among women in selected rural area. Table 1 showed that the most of them are between the age group of (33%), 20-30 years, 26(29%) of the people have no formal education. 90(100%) of them had no family history of breast cancer. In present study most of them had a favourable attitude (67%) and 30 of them (33%) were moderately favourable attitudes. It's similar with the study conducted by Sangeetha et al., it shows relatively positive opinions were held by 56% of the participants, and negative attitudes by 5.33% [2].

5. Conclusion

Breast cancer is the most frequent cancer among women worldwide, including in industrialized and developing nations. In emerging nations, the prevalence of breast cancer is on the rise due to factors such as expanding life expectancies, urbanization, and adoption of western lifestyles. The present study reveals that women have a favorable attitude toward Breast self-examination.

6. Recommendations

1. The mass media is widely used to raise awareness and aid in breast cancer early detection.

2. During health education, emphasize the significance of breast self-examination.

3. Women need to learn how to do mammograms and self-breast exams in order to detect breast cancer early.

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